

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033798

042

1000

1038

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 17 1962

1. PLACE OF DEATH

a. COUNTY **Buchanan**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Joseph,**

Length of stay in 1b
77 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **2842 Mitchell Ave.**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Buchanan**

c. CITY OR TOWN **St. Joseph,**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2842 Mitchell Ave.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

ADELINE

L.

HAMBLIN

4. DATE OF DEATH

Month

Day

Year

September 12 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Sept. 25, 1883

9. AGE (last birthday)

78

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Atchison, Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Paul Hoffman

13b. MOTHER'S MAIDEN NAME

Lillian Sussman

14. NAME OF HUSBAND OR WIFE

Dr. Ray A. Hamblin D.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Dr. Ray A. Hamblin-St. Joseph, Missouri

18. CAUSE OF DEATH (Enter only one cause per line f

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hypertensive Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

5 Yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1957** to **9-12-62** and last saw her alive on **9-12-62**

Death occurred at **11:30 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Clement C. Shuman M.D.

22b. ADDRESS

St. Joseph, Mo.

22c. DATE SIGNED

9-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Sept. 15, 1962

23c. NAME OF CEMETERY OR CREMATORY

Ashland Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Meierhoffer-Fleeman Inc., St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Sept. 14, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
C.C. DuMont, H.D.

Permit issued 9/14/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond H. Moore

Licensed Embalmer No. 5147

P. O. Address St. Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.